ASAP DIAGNOSTIC, INC.

15476 NW 77th Ct #285, Miami Lakes, FL 33016
Ph: (954) 893-3811 - Fax (954) 893-3812

DIAGNOSTIC REQUEST FORM

LAST NAME	FIRST NAME		DATE
DATE OF BIRTH	SOCIAL SECURITY No.	sex	AGE

COMPLETE STREET ADDRESS

PHONE No.	MEDICARE No	MEDICAID No

PRIVATE INS. NANE	POLICY/MEMBER ID No.	PRE-AUTH/RFRL No.

HMO'S MUST HAVE AUTHORIZATION OR REFERAL NUMBER PRIOR TO SEVICES BEEN RENDERED

REF. PHYS. COMPLETE NAME	NPI No.	PHONE No.	FAX RESULTS TO:

OFFICE STREET ADDRESS

DO YOU PLAN TO USE THE RESULT TO PERSONALLY TREAT THE PATIENT'S CONDITION	**INDICATE P.O.S.**
☑ YES ☐ NO	☐ Dr. Office ☐ Patient Home ☐ Nurs. Home ☐ ALF ☐ Other_____

DX 1: _____ **DX 2:** _____ **DX 3:** _____ **DX 4:** _____

	CPT	# RT	LT	DX No.		CPT	RT	LT	DX No.		CPT	RT	LT	59	DX No.	
☐	**93306**				Echocardiogram Comple	☐ 93930				Arterial Duplex UPR. EXT. Bilateral	☐ **76645**					**Breast U/S**
☐	93307				Echocardiogram M-Mode	☐ 93931				Arterial Duplex UPR. EXT. Unilateral	☐ 76880					Soft tissue
☐	93320				Echocardiogram Doppler	☐ **93970**				Venous Duplex LWR. EXT. Bilateral	☐ **76536**					**Thyroid**
☐	93325				Echocardiogram Color Flow	☐ 93971				Venous Duplex LWR. EXT. Unilateral	☐ 76856					Pelvic Non-OB Complete
☐	93000				ECG 12 LEADS	☐ 93965				Venous Doppler LWR. EXT. Bilateral	☐ 76857					Pelvic No-OB Limited or F/UP
☐	**93224**				24HR Holter Monitor	☐ 93975				Art. Inflow/ Ven. Out flow	☐ 76830					Transvaginal
☐	93015				Stress Test	☐ 93976				Art. Inflow/ Ven. Out flow Limited	☐ 76872					Transrectal
☐	93875				Carotid Doppler Blt.	☐ 76801				Pregnat Uterus 1st Trimestre	☐ **76770**					**Retroperitoneal Complete**
☐	**93880**				Carotid Duplex Blt.	☐ 76805				Pregnat Uterus 2nd Trimestre	☐ 76775					Retroperitoneal Limited
☐	93882				Carotid Duplex Unl.	☐ 76811				Pregnat Uterus 3Rd Trimestre	☐ 76870					Testicular Scrotum & Cont.
☐	93922				ABI-PVR SIMPLE	☐ **93978**				Abdominal Aorta Complete	☐ 71020					
☐	93923				ABI-PVR MULTIPLE	☐ 93979				Abdominal Aorta Limited	☐					
☐	93924				TREADMILL	☐ **76700**				**Abdominal Complete**	☐					
☐	**93925**				Arterial Doppler Lwr-Ext	☐ 76705				Abdominal Limited	☐					
☐	93926				Art Doppler Lwr-Ext/ Unl.											

☐ STAT (Check if this is a STAT

A: YOU MUST LINK THE DIAGNOSIS TO THE PROCEDURE ORDERED
B: YOU MUST CODE TO THE HIGHEST LEVEL OF SPECIFICITY
C:THIS ORDER MUST BE SIGN BY THE REFERING PHYSICIAN OR PRACTITIONER

Additional Comments:

Phys. Signature: _____ _____

Refering/Ordering Physician's Complete Name | DATE